

<i>SERFF Tracking Number:</i>	<i>TRVE-125960032</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Travelers Casualty and Surety Company of America</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-11-0102</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Wrap+ Liability Form filing for Health Care 2008-11-0102</i>		
<i>Project Name/Number:</i>	<i>Wrap+ Liability Form filing for Health Care 2008-11-0102/2008-11-0102</i>		

Filing at a Glance

Company: Travelers Casualty and Surety Company of America

Product Name: Wrap+ Liability Form filing for Health Care 2008-11-0102 SERFF Tr Num: TRVE-125960032 State: Arkansas

Health Care 2008-11-0102

TOI: 17.0 Other Liability-Occ/Claims Made

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 17.0000 Other Liability Sub-TOI

Co Tr Num: 2008-11-0102

State Status: Fees verified and received

Combinations

Filing Type: Form

Co Status:

Reviewer(s): Edith Roberts, Brittany Yielding

Authors: Socorro Armstrong,
Theresa Lavenburg, Michelle Smith
Cotto, Sonia Worrell, Timothy
Bengston, Celina Caez

Disposition Date: 01/09/2009

Date Submitted: 12/23/2008

Disposition Status: Approved

Effective Date Requested (New): 12/22/2008

Effective Date (New):

Effective Date Requested (Renewal): 12/22/2008

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Wrap+ Liability Form filing for Health Care 2008-11-0102 Status of Filing in Domicile:

Project Number: 2008-11-0102

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 01/09/2009

State Status Changed: 01/09/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

2008-11-0102

Wrap+ for Health Care Organizations

Other Liability

SERFF Tracking Number: TRVE-125960032 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50
Company Tracking Number: 2008-11-0102
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Wrap+ Liability Form filing for Health Care 2008-11-0102
Project Name/Number: Wrap+ Liability Form filing for Health Care 2008-11-0102/2008-11-0102

Form Filing

Travelers Casualty and Surety Company of America 3548-31194 06-0907370

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our current Wrap+ for Health Care Organizations, which was approved by your department on June 1, 2008, under our company filing number 2007-11-0007 and department file number TRVE-125519954.

This filing consists of several new endorsements for general use with our Wrap+ for Health Care Organizations program. The submitted endorsements broaden coverage and will be offered and issued at the insured's option.

Please refer to the enclosed memo which illustrates the usage of the forms.

There is no rating impact as a result of this filing.

The following are enclosed to facilitate your review:

- Form listing and final prints of the form;
- Applicable state filing forms and fees.

We propose to implement this filing with an effective date of January 21, 2009 for both new business and renewals.

Company and Contact

Filing Contact Information

Michelle Smith Cotto, Regulatory Analyst MSMITHCO@travelers.com
One Tower Square (860) 277-2345 [Phone]
Hartford, CT 06183 (860) 235-4951[FAX]

Filing Company Information

Travelers Casualty and Surety Company of America CoCode: 31194 State of Domicile: Connecticut
One Tower Square Group Code: 3548 Company Type:

SERFF Tracking Number: TRVE-125960032 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of State Tracking Number: EFT \$50
America
Company Tracking Number: 2008-11-0102
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Wrap+ Liability Form filing for Health Care 2008-11-0102
Project Name/Number: Wrap+ Liability Form filing for Health Care 2008-11-0102/2008-11-0102

2S2B

Hartford, CT 06183
(860) 277-0179 ext. [Phone]

Group Name:
FEIN Number: 06-0907370

State ID Number:

SERFF Tracking Number: TRVE-125960032 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50
Company Tracking Number: 2008-11-0102
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Wrap+ Liability Form filing for Health Care 2008-11-0102
Project Name/Number: Wrap+ Liability Form filing for Health Care 2008-11-0102/2008-11-0102

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Travelers Casualty and Surety Company of America	\$50.00	12/23/2008	24686171

SERFF Tracking Number: TRVE-125960032 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50
Company Tracking Number: 2008-11-0102
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Wrap+ Liability Form filing for Health Care 2008-11-0102
Project Name/Number: Wrap+ Liability Form filing for Health Care 2008-11-0102/2008-11-0102

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	01/09/2009	01/09/2009

SERFF Tracking Number:	TRVE-125960032	State:	Arkansas
Filing Company:	Travelers Casualty and Surety Company of America	State Tracking Number:	EFT \$50
Company Tracking Number:	2008-11-0102		
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Product Name:	Wrap+ Liability Form filing for Health Care 2008-11-0102		
Project Name/Number:	Wrap+ Liability Form filing for Health Care 2008-11-0102/2008-11-0102		

Disposition

Disposition Date: 01/09/2009

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVE-125960032 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50
Company Tracking Number: 2008-11-0102
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations
Product Name: Wrap+ Liability Form filing for Health Care 2008-11-0102
Project Name/Number: Wrap+ Liability Form filing for Health Care 2008-11-0102/2008-11-0102

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Form	AMEND OTHER INSURANCE AND INDEMNIFICATION CONDITION ENDORSEMENT	Approved	Yes
Form	AMEND SEVERABILITY OF EXCLUSIONS ENDORSEMENT	Approved	Yes
Form	HIPAA VIOLATION COVERAGE RETENTION APPLICABLE TO DEFENSE EXPENSES ONLY ENDORSEMENT	Approved	Yes
Form	AMEND OTHER INSURANCE CONDITION ENDORSEMENT	Approved	Yes
Form	AMEND DEFINITION OF OUTSIDE ENTITY ENDORSEMENT	Approved	Yes
Form	INSURING AGREEMENT A. NON-RESCINDABILITY ENDORSEMENT	Approved	Yes

SERFF Tracking Number: TRVE-125960032 State: Arkansas

Filing Company: Travelers Casualty and Surety Company of America State Tracking Number: EFT \$50

Company Tracking Number: 2008-11-0102

TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0000 Other Liability Sub-TOI Combinations

Product Name: Wrap+ Liability Form filing for Health Care 2008-11-0102

Project Name/Number: Wrap+ Liability Form filing for Health Care 2008-11-0102/2008-11-0102

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	AMEND OTHER INSURANCE AND INDEMNIFICATION ON CONDITION ENDORSEMENT	HCD-7026 (10-08)		Endorsement New		0.00	HCD7026 1008.pdf
Approved	AMEND SEVERABILITY OF EXCLUSIONS ENDORSEMENT	HCD-7029 (12-08)		Endorsement New		0.00	HCD7029 1208.pdf
Approved	HIPAA VIOLATION COVERAGE RETENTION APPLICABLE TO DEFENSE EXPENSES ONLY ENDORSEMENT	HCD-7030 (12-08)		Endorsement New		0.00	HCD7030 1208.pdf
Approved	AMEND OTHER INSURANCE CONDITION ENDORSEMENT	HCE-7010 (10-08)		Endorsement New		0.00	HCE7010 1008.pdf
Approved	AMEND DEFINITION OF OUTSIDE ENTITY ENDORSEMENT	LIA-7193 (10-08)		Endorsement New		0.00	LIA7193 1008.pdf
Approved	INSURING AGREEMENT A. NON-	LIA-7195 (11-08)		Endorsement New		0.00	LIA7195 1108.pdf

SERFF Tracking Number: TRVE-125960032 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of State Tracking Number: EFT \$50
America
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Product Name: Wrap+ Liability Form filing for Health Care 2008-11-0102
Project Name/Number: Wrap+ Liability Form filing for Health Care 2008-11-0102/2008-11-0102

RESCINDABILIT
Y
ENDORSEMENT

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND OTHER INSURANCE AND INDEMNIFICATION CONDITION ENDORSEMENT

This endorsement modifies the following:

Health Care Organization Directors, Officers and Trustees Liability

It is agreed that:

The following replaces section **V. CONDITIONS, D. OTHER INSURANCE AND INDEMNIFICATION** of the **Liability Coverage**:

This **Liability Coverage** shall apply only as excess insurance over, and shall not contribute with: (1) Specified Other Insurance and Indemnification as set forth in the Specified Other Insurance and Indemnification schedule below; (2) any other valid and collectible insurance available to any **Insured**, including but not limited to any insurance under which there is a duty to defend, unless such insurance is specifically excess of this **Liability Coverage** by reference in such other policy to the Policy Number of this **Liability Policy**; (3) any self-insurance or self-insurance program of the **Insured**, or any self-insured retention obligation assumed by the **Insured** under any valid insurance, including but not limited to any health care professional liability insurance, any comprehensive general liability insurance, or any comprehensive liability insurance; or (4) indemnification to which an **Insured Person** is entitled from any **Outside Entity**. This **Liability Coverage** will not be subject to the terms of any other insurance.

Specified Other Insurance and Indemnification

Underlying Insurer:	<enter underlying insurer>
Policy Number:	<enter policy number>
Policy Description:	<enter policy description>
Policy Period:	<enter policy period>

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by: _____
On behalf of the entity named in
ITEM 1 of the Declarations.

Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND SEVERABILITY OF EXCLUSIONS ENDORSEMENT

This endorsement modifies the following:

Health Care Organization Directors, Officers and Trustees Liability

It is agreed that:

The following replaces section **IV. SEVERABILITY OF EXCLUSIONS.:**

IV. SEVERABILITY OF EXCLUSIONS.

No conduct of any **Insured Person** shall be imputed to any other **Insured Person** to determine the application of any of the Exclusions set forth in Section III. EXCLUSIONS above. Solely with respect to Exclusion B. 1. set forth above, only the conduct of or knowledge possessed by the chairperson, chief executive officer, president, chief financial officer, in-house general counsel, chief compliance officer, or **LLC Manager** of the **Insured Organization** or a functional equivalent thereof shall be imputed to the **Insured Organization** to determine if coverage is available.

Accepted by:

On behalf of the entity named in
ITEM 1 of the Declarations.

Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**HIPAA VIOLATION COVERAGE RETENTION APPLICABLE TO DEFENSE EXPENSES ONLY
ENDORSEMENT**

This endorsement modifies the following:

Health Care Organization Directors, Officers and Trustees Liability

It is agreed that:

The following is added to section **III. CONDITIONS**, B. RETENTION of the Liability Coverage Terms and Conditions:

If any **Claim** arises under a **HIPAA Violation**, the applicable Retention shall only apply to the **Defense Expenses** resulting from such **Claim**.

Accepted by: _____
On behalf of the entity named in
ITEM 1 of the Declarations.

Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND OTHER INSURANCE CONDITION ENDORSEMENT

This endorsement modifies the following:

Health Care Organization Employment Practice Liability

It is agreed that:

The following replaces section IV. **CONDITIONS**, B. OTHER INSURANCE of the **Liability Coverage**:

Except for **Claims** against **Insured Persons** for **Wrongful Employment Practices** in their **Outside Positions**, this **Liability Coverage** shall apply only as excess insurance over, and shall not contribute with any:

1. fiduciary liability insurance or other insurance which applies to any claim for any violation of ERISA (other than Fiduciary Liability coverage, if purchased from the Company); or
2. insurance which applies to any **Claim**:
 - a. against an **Independent Contractor** or leased or temporary employee; or
 - b. for a **Third Party Wrongful Act**.

With respect to **Claims** against **Insured Persons** for **Wrongful Employment Practices** in their **Outside Positions**, this **Liability Coverage** shall apply only as excess insurance over, and shall not contribute with: (1) Specified Other Insurance and Indemnification as set forth in the Specified Other Insurance and Indemnification schedule below; (2) any other valid and collectible insurance available to any **Insured**, including but not limited to any insurance under which there is a duty to defend, unless such insurance is written specifically excess of this **Liability Coverage** by reference in such other policy to the Policy Number of this **Liability Policy**; (3) any self-insurance or self-insurance program of the **Insured**, or any self-insured retention obligation assumed by the **Insured**, under any valid insurance, including but not limited to any health care professional liability insurance, any comprehensive general liability insurance, or any comprehensive healthcare liability insurance; or (4) indemnification to which an **Insured Person** is entitled from any **Outside Entity**. This **Liability Coverage** will not be subject to the terms of any other insurance.

Specified Other Insurance and Indemnification

Underlying Insurer:	<enter underlying insurer>
Policy Number:	<enter policy number>
Policy Description:	<enter policy description>
Policy Period:	<enter policy period>

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

HCE-7010 (10-08)

©2008 The Travelers Companies, Inc. All Rights Reserved

Accepted by:

On behalf of the entity named in
ITEM 1 of the Declarations.

Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

AMEND DEFINITION OF OUTSIDE ENTITY ENDORSEMENT

This endorsement modifies the following:

<coverage part(s)>

It is agreed that:

The following is added to section **II. DEFINITIONS, “Outside Entity”** of the **Liability Coverage**:

Outside Entity also means any Specified Outside Entity as set forth in the Specified Outside Entity schedule below.

Specified Outside Entity

<enter Outside Entity /character – name>

<enter Outside Entity /character – name>

<enter Outside Entity character – name>

<enter Outside Entity /character – name>

<enter Outside Entity /character – name>

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by: _____
On behalf of the entity named in
ITEM 1 of the Declarations.

Authorized Company Representative

ISSUED BY:
ISSUED TO:

POLICY NO:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

INSURING AGREEMENT A. NON-RESCINDABILITY ENDORSEMENT

This endorsement modifies the following:

<coverage part(s)>

It is agreed that:

The following replaces Section **III. CONDITIONS, U. REPRESENTATIONS** of the Liability Coverage Terms and Conditions:

U. NON-RESCINDABILITY

The **Insured** and the Company agree that the Company will not under any circumstances rescind section **I INSURING AGREEMENTS, A.** of this **Liability Coverage**. All **Insureds** acknowledge, however, that this **Liability Coverage** was issued in reliance upon the truthfulness and accuracy of the statements and representations in the **Application**. All **Insureds** further agree that the statements and representations contained in the **Application** are true and accurate and the **Liability Policy** was issued in reliance upon the truth and accuracy thereof.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, exclusions or limitations of the above-mentioned policy, except as expressly stated herein. This endorsement is part of such policy and incorporated therein.

This endorsement is effective at the Inception Date stated in ITEM 2 of the Declarations or effective at 12:01 A.M. on _____, if indicated herein. Complete the following only when this endorsement is not prepared with the policy or is to be effective on a date other than the Inception Date of the policy.

Accepted by: _____
On behalf of the entity named in
ITEM 1 of the Declarations.

Authorized Company Representative

<i>SERFF Tracking Number:</i>	<i>TRVE-125960032</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Travelers Casualty and Surety Company of America</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-11-0102</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0000 Other Liability Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Wrap+ Liability Form filing for Health Care 2008-11-0102</i>		
<i>Project Name/Number:</i>	<i>Wrap+ Liability Form filing for Health Care 2008-11-0102/2008-11-0102</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: TRVE-125960032 State: Arkansas
Filing Company: Travelers Casualty and Surety Company of State Tracking Number: EFT \$50
America
Company Tracking Number: 2008-11-0102
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Product Name: Wrap+ Liability Form filing for Health Care 2008-11-0102
Project Name/Number: Wrap+ Liability Form filing for Health Care 2008-11-0102/2008-11-0102

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty
Review Status: Approved 01/09/2009
Comments:
Attachments:
2007 PC NAIC Transmittal (generic) (2).pdf
2007 NAIC Form List.pdf

Satisfied -Name: Explanatory Memorandum
Review Status: Approved 01/09/2009
Comments:
Attachments:
Arkansas.pdf
Endorsements Memorandum.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Travelers	3548

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Travelers Casualty and Surety Company of America	CT	31194	06-0907370	

5. Company Tracking Number	2008-11-0102
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Michelle Smith Cotto One Tower Sq. 2S2B Hartford, CT 06183	Sr. Regulatory Analyst	860-277-2345	860-277-3937	msmithco@travelers.com

7.	Signature of authorized filer	<i>Michelle Smith Cotto</i>
8.	Please print name of authorized filer	Michelle Smith Cotto

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0019
10. Sub-Type of Insurance (Sub-TOI)	17.0019
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	Wrap+
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 1/21/2009 Renewal: 1/21/2009
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A

17. Reference Organization # & Title	N/A
18. Company's Date of Filing	12/22/08
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	2008-11-0102
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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2008-11-0102

Wrap+ for Health Care Organizations

Other Liability

Form Filing

Travelers Casualty and Surety Company of America

3548-31194

06-0907370

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our current Wrap+ for Health Care Organizations, which was approved by your department on June 1, 2008, under our company filing number 2007-11-0007 and department file number TRVE-125519954.

This filing consists of several new endorsements for general use with our Wrap+ for Health Care Organizations program. The submitted endorsements broaden coverage and will be offered and issued at the insured's option.

Please refer to the enclosed memo which illustrates the usage of the forms.

There is no rating impact as a result of this filing.

The following are enclosed to facilitate your review:

- **Form listing and final prints of the form;**
- **Applicable state filing forms and fees.**

We propose to implement this filing with an effective date of January 21, 2009 for both new business and renewals.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:

Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		2008-11-0102		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Amend Other Insurance and Indemnification Condition Endorsement	HCD-7026 Ed. 10- 2008	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Amend Severability of Excl. Endorsement	HCD-7029 Ed. 12- 2008	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	HIPAA Violation Coverage Retention Applicable to Def. Expenses Only Endt.	HCD-7030 Ed. 12- 2008	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	Amend Other Insurance Condition Endorsement	HCE-7010 Ed. 11- 2008	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Amend Definition of Outside Entity Endorsement	LIA-7193 Ed. 10- 2008	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Insuring Agreement A. Non- Rescindability Endt.	LIA-7195 Ed. 11- 2008	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



One Tower Square, S202B
Hartford, CT 06183

Michelle Smith Cotto
Travelers Bond and Financial
Products
Phone: (860) 277-2345
FAX: (866) 235-4951
Email:
msmithco@travelers.com

December 22, 2008

Honorable Mike Pickens
Commissioner of Insurance
Arkansas Insurance Dept
1200 West Third Street
Little Rock, AR 72201-1904

2008-11-0102
Wrap+ for Health Care Organizations
Other Liability
Form Filing

Travelers Casualty and Surety Company of America 3548-31194 06-0907370

In compliance with the insurance laws and regulations of your state, we submit an enhancement to our current Wrap+ for Health Care Organizations, which was approved by your department on June 1, 2008, under our company filing number 2007-11-0007 and department file number TRVE-125519954.

This filing consists of several new endorsements for general use with our Wrap+ for Health Care Organizations program. The submitted endorsements broaden coverage and will be offered and issued at the insured's option.

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- Form listing and final prints of the form;
- Applicable state filing forms and fees.

We propose to implement this filing with an effective date of January 21, 2009 for both new business and renewals.

Should you have any questions, please feel free to call me at (860) 277-2345.

Regards,

Michelle Smith Cotto

- **HCD-7026 10-2008 AMEND OTHER INSURANCE AND INDEMNIFICATION CONDITION** – amends the Other Insurance and Indemnification condition to clarify that the policy will sit as excess insurance additionally over any scheduled other insurance and indemnification
- **HCD-7029 12-2008 AMEND SEVERABILITY OF EXCLUSION ENDORSEMENT** – amends the Severability of Exclusions condition so the conduct or knowledge specified by specific roles (rather than the Executive Officer) shall be imputed to the Insured Organization
- **HCD-7030 12-2008 HIPAA VIOLATION COVERAGE RET. APPLICABLE TO DEF. EXP. ONLY ENDORSEMENT** – amends the policy so that coverage for HIPAA violations are only applicable for Defense Expenses
- **HCE-7010 10-2008 AMEND OTHER INSURANCE CONDITION ENDORSEMENT** – amends the Other Insurance condition to clarify that the policy will sit as excess insurance additionally over any scheduled other insurance
- **LIA-7193 10-2008 AMEND DEFINITION OF OUTSIDE ENTITY ENDORSEMENT** – amends the definition of Outside Entity to allow for scheduled entities
- **LIA-7195 11-2008 INSURING AGREEMENT A. NON-RESCINDABILITY ENDORSEMENT** – amends the policy so that Insuring Agreement A. is non-rescindable